MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO) 536989 FILING DATE

APPLICANT(S

CLAIMS

CLAIMS AFTER AFTER AFTER														
	AS FILED		AFTER 1*AMENDMENT		AFTER 2 MAMENDMENT			:	AS FILED		AFTER 1 AMENDMENT		AFTER 2 MAMENDMENT	
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